CERO



Enter your transmittal number

——**→** W15666

Transmittal Number

Your unique Transmittal Number can be accessed online: http://mass.gov/dep/service/online/trasmfrm.shtml or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection

Transmittal Form for Permit Application and Payment

24 2/1/08

 Please type or
print. A separate
Transmittal Form
must be completed
for each permit
application.

- 2. Make your check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to: DEP, P.O. Box 4062, Boston, MA 02211.
- 3. Three copies of this form will be needed.

Copy 1 - the original must accompany your permit application. Copy 2 must accompany your fee payment. Copy 3 should be retained for your records

4. Both fee-paying and exempt applicants must mail a copy of this transmittal form to:

> MassDEP P.O. Box 4062 Boston, MA 02211

* Note: For BWSC Permits, enter the LSP.

A. Permit Information					
BWP IW 39		Industrial Sewer User Non-IPP POTW			
1. Permit Code: 7 or 8 character code from permit i Sewer Connection Permit/Certification		2. Name of Permit	Category		
3. Type of Project or Activity			E and the second second		
B. Applicant Information – Firm o	r Individua	al	FEB 0 1 200	8	
Waters Corporation]	U	
1. Name of Firm - Or, if party needing this appro	val is an individu	al enter name below			
2. Last Name of Individual	3. Firs	t Name of Individual	,	4. MI	
34 Maple Street					
5. Street Address					
Milford	MA	01757	508-478-2000	3078	
6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
Roger Eydenberg		roger_eydenbe	erg@waters.com		
11. Contact Person		12. e-mail address	(optional)		

C.	Facility,	Site or	Individual	Requiring	Approval
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Waters Corporation					
Name of Facility, Site Or Individual					
34 Maple Street					
2. Street Address					
Milford	MA	01757	508-4	178-2000	3078
3. City/Town	4. State	5. Zip Code	6. Tele	phone #	7. Ext.#
31068 MAD001047968					
8. DEP Facility Number (if Known)	9. Federal I.D. Number (if Known) 10. BWSC Tracking # (if Known)				ng # (if Known)
Application Prepared by (if di	fferent from	Section B)*			
Same					

Same				
Name of Firm Or Individual				
2. Address				
3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #
8. Contact Person		9. LSP Number (B\	VSC Permits only)	

E. Permit - Project Coordination

Is this project subject to MEPA review? ☐ yes ☒ no
If yes, enter the project's EOEA file number - assigned when an
Environmental Notification Form is submitted to the MEPA unit:

EOEA File Number

F. Amount Du	F.	. Am	ıoun	t D	ue
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DEP Use Only

Special Provisions:

Permit No:

Rec'd Date:

Reviewer:

1. Fee Exempt (city, town or municipal housing authority)(state agency if fee is \$100 or less).

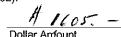
There are no fee exemptions for BWSC permits, regardless of applicant status.

2. Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).

Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).
 Homeowner (according to 310 CMR 4.02).

4. In Homeowner (according to 310 CM)

602664 Check Number



/ 0/11/07 Date